

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-876)

SERIAL NO.

10/799,320

FILING DATE

APPLICANT(S)

3-12-04

CLAIMS

AS FILED	AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.
1				
2				
3				
4				
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47				
48				
49				
50				
TOTAL IND.	5	0	0	0
TOTAL DEP.	7	0	0	0
TOTAL CLAIMS	9			

*	*	*	*
IND.	DEP.	IND.	DEP.
51			
52			
53			
54			
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95			
96			
97			
98			
99			
100			
TOTAL IND.	0	0	0
TOTAL DEP.	0	0	0
TOTAL CLAIMS	0	0	0

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS